# **Application Data Sheet Application Information**

Application information	
Application number::	
Filing Date::	
Application Type::	REGULAR
Subject Matter::	UTILITY
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	NONE
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	PAPER
Computer Readable Form (CRF)?::	
Number of copies of CFR::	
Title::	METHOD FOR PROTECTION AGAINST
	INTERLEAVING TRANSACTIONS USING A
	TRANSACTION MANAGER
Attorney Docket Number::	BEAS-01338US3
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	3
Total Drawing Sheets::	4
Small Entity?::	NO
	NO
Latin name::	NO
Latin name:: Variety denomination name::	NO
	NO

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.?:: NO

**Applicant Information** 

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: US

Status:: FULL CAPACITY

Given Name:: ALEXANDER

Middle Name:: J.

Family Name:: SOMOGYI

Name Suffix::

City of Residence:: BERNARDSVILLE

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 87 RAVINE LAKE ROAD, HAYLOFT

City of mailing address::

BERNARDSVILLE

State or Province of mailing address:: NJ

Country of mailing address:: US

Postal or Zip Code of mailing address:: 07924

**Correspondence Information** 

Correspondence Customer Number:: 23910

Phone number:: (415) 362-3800

**Fax Number::** (415) 362-2928

Email address:: SBachmann@fdml.com

#### **Representative Information**

Representative Customer Number:: 23910

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This	An application	60/451,354	02/28/03
Application	claiming the		
	benefit under 35		
	USC 119(e)		
	Provisional		

## **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee Name:: BEA SYSTEMS, INC.

Street of mailing address:: 2315 NORTH FIRST STREET

City of mailing address:: SAN JOSE

State or Province of mailing address:: CA

Country of mailing address:: US

**Postal or Zip Code of mailing address::** 95131